

Bidder Name: Cenpatico

2009 Iowa Plan RFP Bid Evaluation Scoring Tool

TECHNICAL COMPONENT

7A.2 Programmatic Overview ---- 60%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 150 pages.

Does it exceed? Y/N?

N (146 p)

7A.2.2 Enrollees 65 and Older	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
7A.2.2 1. Did the bidder describe the experience it has in treating individuals aged 65 and older? <ul style="list-style-type: none">Did the bidder identify other states in which coverage has been provided? If so, do the referenced examples demonstrate experience that will benefit efforts to serve Iowans 65 and older?Did the bidder identify challenges and identify strategies for surmounting any identified challenges? Did the examples demonstrate a thorough understanding of the population and how to serve it?If there any recommended additions to the provider network as part of the proposal intended to better serve those aged 65 and older, do they appear appropriate and likely to be effective?Is there a proposed transition plan to ensure the continuity of care while enrolling the population into the Iowa Plan, including a communication plan? Is the communication plan sufficiently detailed and does it demonstrate an approach that is appropriate and likely to be effective?	<p>P.12+13</p> <p>2 states - AZ - Ohio - described well the services the Iowa specific stats</p> <p>Will do care coordination</p> <p>didn't note Texas as a state in which coverage was provided but did talk about Health Passport which started there -</p> <p>Caring Voices good -</p> <p>expand home based reimbursable services - did address new population</p>			

Strengths

- 1) Employ staff with geriatric specialization
- 2) Health Passport application p.14

- 3) Use of media.
- 4) Caring Voices

- 5) Iowa Comm. College Certificate p.16

- 6) Target high utilization in comm plan
- 7) expand home based reimbursable services

Weaknesses

- 1) Why wasn't Texas noted as a state for coverage - but did talk about Health Passport that started there - Health Passport designed for foster care not elderly - No proof work with other populations.

Strength

are using Rural Health Center & Federal
Qualified Health Center to provide or
expand to behavioral health services -
work with them via telehealth

Weakness

2. ~~Not~~ Sure they are getting
consumer input.

Bidder Name: Cenpatico

<p>√7A.2.3.a) Coordination and Integration of Services (Sections 4.1, 4A, 4B, and 5A of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>1. Did the bidder describe the strategies it would take to coordinate and integrate service delivery for <u>each</u> of the five types of Eligible Persons and Enrollees?</p> <p><u>Eligible Persons with:</u></p> <p>(1) concurrent mental health and substance abuse conditions - <u>ARIZ exp</u></p> <p>(2) concurrent mental health and/or substance abuse conditions plus concurrent medical conditions - <u>Ohio</u></p> <p>(3) concurrent mental health and/or substance abuse conditions and involved with the adult correctional system - <u>AZ</u></p> <p><u>Enrollees with:</u></p> <p>(4) concurrent mental health needs and mental retardation <u>not sure where</u></p> <p><u>Eligible Persons with:</u></p> <p>(5) mental health and/or substance abuse conditions with involvement with the child welfare/juvenile justice system) <u>TX - AR & IL</u></p> <p>2. Are the strategies appropriate and are they likely to be effective?</p> <p>3. Do they effectively embody the philosophy and program goals in that they, among other things:</p> <ul style="list-style-type: none"> • emphasize honoring Eligible Persons' choice of service provider, • promote the philosophy that Eligible Persons should be able to remain in their homes and communities, and • demonstrate that the bidder is committed to working with all providers serving the enrollees to ensure blended and coordinated service delivery? <p>4. Did the bidder provide examples of its experience in other states with respect to coordination and integration of services and how it will be applied in Iowa? Is the experience relevant and likely to be beneficial to Iowa?</p>	<p>Outlined issues with present system</p> <p>have a recovery & resiliency advisor</p> <p>Added - 7 more categories that will need coordination</p> <p>2 comprehensive service providers in each of 6 regions</p> <p>Health Passport good idea but</p> <p>another data system for providers - also be opt in so many can choose not to - problem because this is primary integration method</p>

- Strength
1. Grant writer to help communities p. 19 & 34
 2. Use data to rec. changes
 3. Consumer input
 4. Incentives for mh & sa treatment p. 24
 5. Community Reentry Program
 6. Outlined strategy & experience in all 5 areas.

over

Weakness ① p. 22 last principal talks about
staff competent to assess & treat substance
use disorders - but ~~no principal addresses~~
~~competent to assess & treat mh disorder~~

② p. 23 & 24 ~~didn't address the adult~~
~~probation system~~

Bidder Name: Cenpatico

<p>✓ 7A.2.4 Rehabilitation, Recovery, and Strength-Based Approach to Services (Sections 4.A.2 and 4.B.2 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p><u>Meets With Distinction</u> Meets Partially Meets Fails to Meet</p>
<p>1. Does the bidder's proposal include a detailed explanation of its experience providing behavioral health services through a recovery-oriented approach?</p> <p>2. Does the bidder's proposal describe in detail the model it proposes to implement?</p> <p>3. Does the bidder's proposal recognize the priority for effecting change during the contract period? Does the response provide details for realistic actions that the bidder intends to take during the contract period to affect change?</p> <p>4. Does the response specifically identify the bidder's approach with respect to:</p> <ul style="list-style-type: none"> Contractor interactions with Eligible Persons? service system planning and design? provider adoption of a rehabilitation, recovery and strength-based approach to services? <p>5. Is the bidder's proposed approach appropriate and likely to be effective?</p>	<p>acknowledges</p> <p>talks about fundamental change in culture for providers</p> <p>p. 29 - Comprehensive Service Providers require to employ peer & family support staff</p> <p>p. 31 will be a consumer & family member & they will lead recovery advisory committee</p> <p>p. 31 - benchmarks for recovery audits related to recovery</p>

Strength

1. Used incentives along with other things to transform from traditional to recovery
2. Contracts support recovery & resiliency e.g. employ peer support services p. 27
3. Provider profile show recovery & resiliency indicators
4. Prog evaluation results on their web p. 28
5. Training for own staff in recovery & resiliency - clear
6. Peer operated business for each region
7. Getting rid of authorization for most levels of care & replace with quality monitoring p. 32
8. employment service p. 34

Weakness

1. 24/7 crisis line p. 29 - Not clear who is on mobile crisis teams - later says their staff
2. Comprehensive Service Provider at least 2 per region one agency provides most services but then talks about about broad independent providers p. 30

Bidder Name: Cenpatico

7A.2.5 Person-Centered Care (Section 7A.2.5 of the RFP)	Sub-Section Score (circle one): <u>Meets With Distinction</u> Meets Partially Meets Fails to Meet
<p>7A.2.5.a)</p> <ol style="list-style-type: none"> Does the bidder's response describe the philosophy of how to best involve Eligible Persons in the planning of their care? Does the description include: <ul style="list-style-type: none"> how the bidder intends to assure that the Eligible Person and, as appropriate, family members, participate in treatment planning? descriptions of instances in which the bidder has successfully employed such strategies under other contracts? Is the bidder's proposed approach appropriate and likely to be effective? Do the cited examples of experience demonstrate working knowledge that will benefit Iowa? 	<p>will train - incentive - monitor</p> <p>Must examples from AZ</p>
<p>7A.2.5.b)</p> <ol style="list-style-type: none"> Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to the implementation of strategies to involve Eligible Persons in the planning of their care? 	

Strength - (1) Used term recovery oriented in philosophy
 p 36 (2) Train the trainer modules
 p 37 (3) Certificate program for treatment team Facilitators - describe what modules were & used e-training
 (4) Use contract to achieve adoption & incentives - like AZ.
 (5) Creation of recovery guides
 Training & TA

Weakness - (1) Statement they recover from MT p 35 - again where is S abuse
 (2) No examples from child -

Bidder Name: Cenatico

CSP = Community Service Providers

7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>√7A.2.6.a)</p> <p>1. Is the bidder's proposed strategy to ensure statewide capacity sufficiently detailed to understand what it intends to do? - like emphasis on his need</p> <p>2. Is the bidder's proposed strategy appropriate and likely to be effective? still struggle with CSP's & how it will</p>	<p>existing s. providers & restructure for CSP's p. 42</p> <p>can't sa be CSP's 42</p> <p>consider sa to be speciality service</p>
<p>√7A.2.6.b) work</p> <p>1. Does the analysis include an identification of service gaps and the basis on which the bidder has made its determination?</p> <p>2. Was the bidder's methodology to identify service gaps comprehensive, rigorous, and valid? yes</p> <p>3. Were any major gaps of which the evaluator is aware missed?</p> <p>4. Does the bidder's proposal for how the gaps would be addressed seem appropriate?</p>	<p>Open panel no mention of + DPH (a)</p> <p>integrated crisis service delivery p. 43 system p. 43 (a)</p> <p>why didn't they do gap for sa (b)</p> <p>expand telehealth to psychu therapy services (a)</p>
<p>5. Did the bidder provide a plan for addressing the gaps, with an implementation timeline? yes</p> <p>6. Did the bidder address the following areas in its plan in a comprehensive and informed fashion:</p> <ul style="list-style-type: none"> Level I Sub-acute Facility services delivery? - did address both MH & SA 24 hour mental health stabilization services? - CSP incentives - Substance abuse peer support/recovery coaching? - sa model <p>7. Are the plan and timeline for addressing the service gaps appropriate and likely to be effective to enable the bidder to make all required mental health services available to the majority of Iowa Plan enrollees by the end of the second contract year?</p>	<p>expand in home (a)</p> <p>do we want them using providers in other states p. 44</p> <p>working with nursing homes (a)</p> <p>p. 43 question no access gap for psych</p> <p>then on p. 45 says psychiatry is service gap across all regions (b)</p>

mailed survey with providers & met (b)

crisis service programs for mh stabilization (b)

certification for peer support (b)

Bidder Name: Cenpatiro

7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>√7A.2.6.c)</p> <p>1. Did the bidder describe the process by which integrated mental health services and supports will be authorized? If so, does the process appear to be appropriate and utilizing appropriately skilled staff?</p> <p>2. Did the bidder provide any parameters that would be implemented to guide the authorization of integrated services and supports? If so, do the parameters appear to be appropriate?</p> <p>5. Did the bidder provide examples of comparable past experience providing integrated mental health services and supports? If so, do the cited examples demonstrate working knowledge that will benefit Iowa? <u>yes</u></p>	<p>used Indiana example & why NO pre-authorization</p> <p>Is there an ASAM certification? Don't we want CADD certified p47 NO pre authorization on a H of service p. 47</p> <p>Will use utilization guidelines & criteria - but didn't see it.</p>
<p>7A.2.6.d)</p> <p>1. Did the bidder describe how it will incorporate evidence-based practice into its management and how it will impact the services offered through the Iowa Plan?</p> <p>2. Is the bidder's proposed approach appropriate and likely to be effective?</p>	<p><u>Meets</u></p> <p>Best practice committee review research assess need adopt work plan listed some in other states Fidelity Outcomes Culturally competent</p>
<p>7A.2.6.e)</p> <p>1. Does the bidder identify any services for which it will not reimburse due to moral or religious grounds?</p> <ul style="list-style-type: none"> If yes, is there a complete explanation of these services? 	<p><u>NONE</u></p> <p>Centered planning - noted 4 Speciality populations - timeline (This response should not be scored. The question is for informational purposes only)</p> <p>lot of recovery model EB P</p>

Need to use 3A Consortium
Not sure they assessed what
currently had been done
all done between Oct 1 &
April 1 11 too many in
2 months

Bidder Name: Cenpatio

7A.2.7 Organization of Utilization Management Staff (Section 5A.1 of the RFP)	Sub-Section Score (circle one): <div>Meets With Distinction</div> <div>Meets</div> <div>Partially Meets</div> <div>Fails to Meet</div>
<p>7A.2.7.a) <i>lot of verbiage on consumer driven recovery</i></p> <p>1. Did the bidder describe its organization of the Utilization Management Staff, including:</p> <ul style="list-style-type: none"> • number of staff? • credentials and expertise? • the rationale for the mix of expertise? • roles of different types of staff? • methods to maximize coordination between UM staff and local delivery systems? • methods to ensure continuity of UM for Eligible Persons making frequent use of the delivery system? <p>2. Is the number of Utilization Management staff, which the bidder proposes per region, and their expertise, well supported and appropriate?</p> <p>3. Is it clear that the staff will be knowledgeable of the services available in each region?</p> <p>4. Are the roles proposed by the bidder for each of the different types of Utilization Management staff appropriate? <i>yes</i></p>	<p><i>designed to support recovery system 51 positions but maybe not just UM p. 51</i></p> <p><i>regional approach locate UM staff throughout state acknowledge cultural perspective & rural vs urban</i></p> <p><i>only clinical director have knowledge of recovery & resiliency principals</i></p> <p><i>18 - DSM - 8 Davenport 8 - S. City 6 Waterloo - 6 C. Bluffs - 5 m city</i></p> <p><i>Not a lot of CAC required p. 52 & 54</i></p> <p><i>no compensation or incentive based on staff p. 54</i></p>
<p>5. Are there roles or types of staff which should have been included but were not?</p> <p>6. Is the proposed approach to maximize coordination with local service delivery systems appropriate and likely to be effective? <i>experience of</i></p> <p>7. Is the proposed approach to ensure continuity for Eligible Persons making frequent use of the delivery system appropriate and likely to be effective? <i>clinical liaison in each region for recovery oriented</i></p>	<p><i>Knowledge of mh & sc resources in that area p. 52</i></p> <p><i>Specialist (JCM) for 4 populations p. 55</i></p> <p><i>Care coordinators will also find per supportive services - specialist too</i></p>
<p>7A.2.7.b) <i>services p. 53</i></p> <p>1. Did the bidder's <u>other clients</u> for which it has organized UM staff to maximize coordination with local service systems confirm the effectiveness of the bidder's performance?</p>	<p><i>3 diff. states noted & all diff experiences p. 57</i></p>

Bidder Name: Cenpatico

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.8.a) <u>Utilization Attachment</u></p> <p>1. Do the UM Guidelines the bidder would use in authorizing mental health services appear to be appropriate?</p> <p>2. If the bidder attached guidelines for the application of ASAM criteria, do the guidelines the bidder would use for the authorization or retrospective monitoring of substance abuse services appear to be appropriate?</p>	<p><u>guidelines have focus on recovery</u> <u>50 guidelines for this good</u> <u>Rehab & comm supports</u> <u>p. 57</u></p>
<p>7A.2.8.b)</p> <p>1. Did the bidder describe how UM Guidelines would generally be applied to authorize or retrospectively review services? — <u>yes</u></p> <p>2. Did the bidder address how it would both manage the appropriateness of treatment duration and also manage potentially high volumes of service requests? —</p> <p>3. Does the approach to outpatient service authorization address management of appropriateness review in a manner likely to be efficient and effective? — <u>NO</u> <u>authorization</u></p>	<p><u>UR review avail 24/7</u> <u>response within 24 hrs.</u> <u>no review of non facility - retro only</u> <u>incentives p. 58</u> <u>gave examples of change in</u> <u>utilization</u> <u>recovery & resiliency</u> <u>meets with d</u></p>
<p>7A.2.8.c)</p> <p>1. Did the bidder discuss special issues in applying the guidelines for at least some of the following services and populations:</p> <p>i. substance abuse services for pregnant and parenting women?</p> <p>ii. substance abuse services provided to Enrollees in PMICs?</p> <p>iii. mental health inpatient services provided to Enrollee children in state mental health institutes?</p> <p>iv. Eligible Persons with concurrent need for both mental health and substance abuse treatment?</p> <p>v. Assertive Community Treatment (ACT)?</p> <p><u>meets</u></p> <p>• If so, does the bidder appear to have a thorough understanding of what special issues might arise and of how to address them? Were there any issues the evaluator felt should be addressed that were omitted?</p>	<p><u>emphasized family invl with</u> <u>PMIC & iii</u> <u>all providers assess for mh</u> <u>1-59 p. 61</u> <u>talked about recovery principals</u> <u>didn't really address parenting</u> <u>didn't address cultural issues</u> <u>ACT didn't include</u> <u>co-occur</u></p>

Bidder Name: Cenpatico

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.8.d) <u>p. 61</u></p> <ol style="list-style-type: none"> Did the bidder list any services or levels of care for which prior authorization would not be required? <u>listed - rehab - comm support - etc</u> Do the levels of care for which the bidder has indicated it won't require prior authorization appear to be appropriate, given both access to care and cost management objectives? Did the bidder describe a QI-related circumstance that would lead the bidder to request state approval for prior authorization? <u>use Claims review or profiling - approval noted</u> Does the prior authorization circumstance demonstrate experience and knowledge? Does the quality improvement circumstance example align with care and cost management objectives? 	<p>except for hospitals or other facility providers won't require p. hosp, day tx - reason to achieve greater service of care - reg. it for 24hr or any care that removes from home good example listed in list note above the only ones listed are CSP & comm. M.H centers what about SA centers</p>
<p>7A.2.8.e) <u>p. 62</u> <u>meets</u></p> <ol style="list-style-type: none"> Did the bidder describe how it would self-evaluate the clinical effectiveness and administrative efficiency of UM authorization processes? <u>also look noted admin. burden for providers</u> Does the bidder's proposal to self-evaluate the clinical effectiveness and administrative efficiency of the authorization processes rely upon robust and meaningful measurement of performance? Did the bidder describe circumstances under which it might waive prospective review requirements for certain providers? <u>Yes</u> Does the bidder's description of circumstances under which prospective utilization review might be waived for certain providers demonstrate a well-reasoned approach to balancing appropriate utilization management with limiting administrative requirements of providers? <u>rev only if length of stay reaches a certain</u> 	<p>will use waiver of prior authorization look at regional data & share with providers didn't say what threshold is & they are currently using →</p>

threshold - facilitates ICM to help in discharge planning

Bidder Name: Cenpatico

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets <u>Partially Meets</u> Fails to Meet
<p>7A.2.8.f) <u>P. 63</u></p> <ol style="list-style-type: none"> Did the bidder describe how it would operationalize the state's concepts of "psychosocial necessity" and "service need"? Did the description contrast the proposed approach with that used for "medical necessity" under other contracts, or if not applicable, explain how the concepts differ? Does the bidder's approach for operationalizing the state's concept of "psychosocial necessity" in the authorization process for mental health services align with the state's objectives, as put forth in Section 5A.3.1 of the RFP? Did the bidder's distinction between "medical necessity" and the concepts of "psychosocial necessity" and "service need convey a good understanding of how the approaches differ? 	<p>addressed psycho nec. only for sa - not addressed for mh good explanation</p> <p>mh really not addressed</p> <p>yes, but mainly for SA services</p>
<p>7A.2.8.g) <u>meets</u></p> <ol style="list-style-type: none"> Did the bidder describe the process the bidder would implement for the administrative authorization of services (when contractual requirements mandate the authorization and reimbursement for services that do not fall within the contractor's UM guidelines)? Does the process the bidder proposes for implementing the administrative authorization of services appear to be appropriate? Did the bidder include in its description the way in which the bidder would allow for authorization for services provided during all the months of enrollment even if Medicaid eligibility is determined after the initiation of services? Does it appear that this process treats providers fairly and will be effective? 	<p>yes - just higher levels</p> <p>retro & telephonic.</p> <p>done retroactively. For priors - non priors claim held till eligibility then paid</p> <p>must done without further action from provider</p>

Bidder Name: Cenpatico

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.8.h) p. 64</p> <p>1. Did the bidder describe how it would provide Intensive Clinical Management to certain Iowa Plan Enrollees, and the relationship of those activities to Targeted Case Management? <u>Clearly defined</u></p> <p>2. Does the bidder's process for providing Intensive Clinical Management appear appropriate and likely to be effective?</p> <p>3. Is the bidder's proposed relationship of Intensive Clinical Management and Targeted Case Management appropriate and likely to be effective? <u>description limited</u></p>	<p><u>Goals listed</u> <u>Admission criteria</u> <u>Using comp service providers</u> <u>Recovery integrated</u> <u>Health passport used to exchange info</u></p>
<p>7A.2.8.i) p. 65</p> <p>1. Did the bidder describe how it would provide 24 hour crisis management? <u>Meets</u></p> <p>2. Is the bidder's proposed approach to provision of 24-hour crisis management reflective of the current state of that service in Iowa, appropriate, and likely to be effective?</p>	<p><u>Crisis teams best</u> <u>locally focussed & adapted to</u> <u>meet geographic needs</u> <u>Crisis management centralized &</u> <u>utilize specialty staff 24 hr toll</u> <u>Free</u> <u>Says they will be Iowa licensed</u></p>
<p>3. Did the bidder provide examples of how that service has been provided in other states? <u>mentions AZ & Health passport in TX.</u></p> <p>4. Do the bidder's examples demonstrate experience and knowledge that would be of benefit to Iowa? <u>limited</u></p>	<p><u>but not sure if Iowa based</u> <u>have screen tool</u> <u>& CSP will expand on crisis</u> <u>management tool & have other</u> <u>crisis services there</u> <u>local on call available</u></p>

Bidder Name: Cenpatico

7A.2.9 Required Elements of Individual Service Coordination & Treatment Planning (Sections 1.9, 4B.2.2 and 5A.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.9.a)</p> <p>1. Did the bidder describe the 24-hour crisis and referral service that the Bidder would make available to Eligible Persons, including:</p> <ul style="list-style-type: none"> how the Bidder would ensure the availability of clinicians with expertise in providing mental health and substance abuse services to children? <i>one on one on</i> how the 24-hour crisis and referral service would interface with the emergency crisis service system? <i>mention will participate support but not interface</i> <p>2. Does it appear that the bidder's 24-hour crisis and referral service utilizes appropriately trained staff?</p> <p>3. Does it appear that the bidder's 24-hour crisis and referral service would provide sufficient access to clinicians with child mental health and substance abuse expertise?</p> <p>2. Does the bidder's response depict a process that would ensure that the 24-hour crisis and referral service appropriately and effectively interfaces with the emergency crisis service system? <i>interface described is with emergency responders</i></p>	<p>mobile crisis teams in partnership with others - support stuff underway with DHS</p> <p>Don't understand how AZ Nursewise fits in - crisis line</p> <p>Use CSP for mobile have crisis line too</p> <p>staff trained</p> <p>Screening tool</p> <p>crisis intervention plan</p> <p>CTI Program success in AZ</p>
<p>7A.2.9.b)</p> <p>1. Did the bidder describe a process for identifying those Eligible Persons who have demonstrated the need for a high level of services or who are at risk of high utilization of services? <i>indiv basis no group diagnosis</i></p> <p>2. Does the bidder's process for identifying those Eligible Persons appear to capture all of those in need of individual service coordination and treatment planning in a timely and efficient manner? <i>can't tell timely</i></p> <p>3. Did the bidder describe how it would initiate ongoing treatment planning and coordination with the Iowa Plan Eligible Persons and all others appropriate for planning the Eligible Person's treatment?</p> <p>4. Does the bidder's process for initiating ongoing treatment planning and coordination appear to be appropriate and likely to be effective?</p>	<p>many identify on indiv basis determination to offer ICM on score system</p> <p>listed criteria which included co-occur & children</p> <p>noted special populations p.69</p> <p>recovery system addressed</p> <p>Addressed family process</p> <p>showed data for caring voices</p> <p>Really highlighted support & recovery</p>

Bidder Name: Cenpatico

<p>√ 7A.2.9 Required Elements of Individual Service Coordination & Treatment Planning (Sections 1.9, 4B2.2 and 5A.5 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.9.c) <u>P. 71</u></p> <p>1. Did the bidder describe the program the bidder would implement in conjunction with officers of the courts to assure that court-ordered treatment complies with substance abuse criteria and therefore is reimbursable through the Iowa Plan?</p> <p>2. Does the bidder's proposed program appear appropriate and likely to succeed?</p>	<p>modeled on successful program in Texas training to courts in each region infuse system with recovery principals. on line training - use regional staff</p>
<p>√ 7A.2.9.d) <u>P. 72</u> <u>Meets due to sanctions in contract</u></p> <p>1. Did the bidder describe a process for actively promoting and ensuring coordination by Iowa Plan network providers with Enrollees' primary care physicians?</p> <p>2. Is the proposed process for promoting and ensuring coordination appropriate and likely to be effective?</p> <p>3. Did the bidder describe how it would assess network provider compliance with the care coordination requirements? <u>- audits 2x yr & if not compliance after 3 rev. Financial sanction</u></p> <p>4. Is the proposed process for ensuring compliance, inclusive of any measurement and reporting activities, appropriate and likely to be effective?</p> <p>5. Did the bidder provide results of monitoring efforts conducted for other clients to verify that coordination had been occurring effectively?</p> <p>6. Do the bidder's examples of monitoring efforts document an effective process? <u>train - contract req - audits</u></p> <p>7. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting and ensuring coordination by network providers and primary care physicians?</p>	<p><u>Health passport info across disciplines & providers - Texas</u> <u>6120 physic. health providers</u> <u>enrolle opt in & maintain contact</u> <u>use AZ team based service planning</u> <u>Regional</u> <u>had outcomes</u> <u>primary care phy get discharge plan</u> <u>example from GA</u> <u>outcome in AZ</u></p>

Bidder Name: Cenpatico

<p>7A.2.10 Children in Transition (Section 5A.6.1 of the RFP)</p> <p style="text-align: right;">p. 74</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>7A.2.10.a)</p> <ol style="list-style-type: none"> 1. Did the bidder provide comprehensive and detailed descriptions of experience transitioning children from inpatient settings, including specific examples of hospital and PMIC-like entities? 2. Did the bidder provide successful strategies for putting in place effective discharge placement from such settings? 3. Does the bidder's described experience demonstrate experience and knowledge that would be of benefit to Iowa? most of experience 	<p>training recovery model emphasized providers required to employ consumers in recovery step down important but need services to step down - will address those gaps</p>

~~is for Texas Foster care~~
~~program not directly~~
~~related to SA & MH~~
but think strategies
will can be applied

Intensive Clinical Management
for all children
going to use model in Texas
for Iowa showed outcomes
p. 76-77

~~use crisis plan & safety~~
~~measures as part of disch. plan~~
Weekly placement mts.
~~what successful strategy~~
~~than apply to Iowa~~

Bidder Name: Cenpatico

7A.2.11 Appeal Process (Section 5B.2 of the RFP) <div style="position: absolute; top: 100px; right: 100px; font-size: 2em;">p. 78-79</div>	Sub-Section Score (circle one): <div style="display: flex; justify-content: space-around; padding: 5px;"> Meets With Distinction Meets Partially Meets Fails to Meet </div>
<p>7A.2.11.a)</p> <ol style="list-style-type: none"> Did the bidder describe a process and provide an accompanying flowchart for the review of Enrollee appeals? Does the flowchart provide timeframes from receipt of the request, and through each review phase, up to notification? Is the described process consistent with the requirements contained in Section 5B.2 of the RFP, including the following and other requirements: <ul style="list-style-type: none"> provision of written notice acknowledging the receipt of a request for review and reasonable assistance with filing appeals, if requested? 100% of all expedited appeals will be resolved within 3 working days of receipt of an appeal. All non-expedited appeals shall be resolved within 14 days of the receipt of the appeal and 100% shall be resolved within 45 days of the receipt of the appeal? <div style="text-align: center;">yes</div> provision of a written notice of disposition that includes the requirements outlined in 5B.2.11 of the RFP? <div style="text-align: center;">yes</div> 	<p>expedited within 24 hrs Note contracted interpreter service & TTN in this section propose use of Ombudsman program use of peer reviewer with NO staff invol in original decision use CCMS for tracking p. 79</p> <p>24 hrs with expedited - 14 days NUN estate rep not noted 5B2.7</p>

Bidder Name: Cenpetico

7A.2.12 Grievance and Complaint Process (Sections 5B.1, 5B.3 and 5B.4 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.12.a) <u>P. 81</u></p> <p>1. Did the bidder describe the processes it would put in place for the review of Enrollees grievances and Eligible Persons complaints? —</p> <p>2. Is the described process consistent with the requirements contained in Section 5B.3 of the RFP, including the following and other requirements: —</p> <ul style="list-style-type: none">• Enrollees or their designees may initiate a grievance either orally, to be followed up in writing, or just in writing; complaints from DPH-eligible participants regarding treatment programs will be directed to DPH? <u>do include DPH but not program issue</u>• provision of written notice acknowledging the receipt of a the grievance?• rendering all decisions in writing with notice of right to additional review and information on the process to initiate additional review? —• 95% of all complaints and grievances shall be resolved <u>within 14 days</u> of receipt of all required documentation and 100% shall be resolved <u>within 90 days</u> of the receipt of all required documentation? —	<p><u>P. 81: think require written too</u> <u>but appeals & grievances mixed in</u> <u>Umbudsmen program</u></p> <p><u>also look at in aggregate</u></p>

Bidder Name: Cenpatico

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets <u>2</u> Partially Meets Fails to Meet
<p>7A.2.13.a)</p> <ol style="list-style-type: none"> Did the bidder describe how it would ensure that the provider network is adequate and that access is maintained or increased to meet the needs of Iowa Plan Eligible Persons? — Does the proposed approach to ensuring an adequate provider network and access appear appropriate and likely to be effective? — Did the bidder identify where there are potential issues of lack of capacity within the Bidder's network, and steps it would take to increase capacity? — Are the identified potential issues reflective of the current Iowa service system? — Are the proposed steps to increase capacity appropriate and likely to be effective? — Did the bidder provide examples from current contracts of how it has ensured network adequacy in states with a shortage of psychiatrists or other specific behavioral health professionals? <u>TX Telehealth</u> 	<p>ensure continuity of care for eligibles at state. multiple tools for gaps include consumers recruit Ia licensed psychiatrists located outside Ia for telehealth P-84 Partnership with UI Comp Service Provider - Full range service - <u>evening & weekend appts P84</u> work with County Board of Supervisors Certification for peer support & train-trainer model didn't address other priority populations</p>
<p>7. Do the bidder's examples from other states demonstrate experience and knowledge that would be of benefit to Iowa? <u>TX #2</u></p> <p>7A.2.13.b)</p> <ol style="list-style-type: none"> Did the bidder describe proposed strategies to bring services to underserved communities, including, but not limited to, for: <ul style="list-style-type: none"> the use of telehealth and distance treatment options? provision of child psychiatric consultation services to primary care clinicians? <u>Recruit out of state & offer incentive to obtain Ia Lic.</u> Do the bidder's proposed strategies to bring services to underserved communities appear likely to result in improved access? 	<p>Federal Oral Health Centers & RHC to act serve as telehealth - consider expand to other psychotherapy services Expand home base services - incentive PMVR program - reduce use of psychotropic medications - outcomes Tx Use Ia comm. colleges to enhance workforce dev. specific to recovery model didn't address distance tx options via internet</p>

~~didn't address distance tx options via internet~~

#5

Bidder Name: Cenpatiro

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.13.c) <u>P. 87</u> <u>meets</u></p> <ol style="list-style-type: none"> Did the bidder describe its experience under other contracts to ensure delivery of services to underserved communities when provider network capacity was initially found to be inadequate? Did the bidder's description of experience addressing initial network inadequacy for underserved communities in states where there was a shortage of <u>psychiatrists</u> demonstrate effectiveness? Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to addressing initial network inadequacy for underserved communities? 	<p>Kansas = develop workforce for Recovery AZ - AZ nurse home</p> <p>Texas telehealth</p>
<p>✓ 7A.2.13.d) <u>P. 89</u> <u>meets</u></p> <ol style="list-style-type: none"> Did the bidder describe its experience implementing Medicaid managed behavioral health programs in which it successfully promoted the development of: <ul style="list-style-type: none"> psychiatric rehabilitation services? <u>AZ</u> mental health self-help and peer support groups? <u>- AZ</u> peer education services? <u>AZ</u> Does the bidder's description document its experience and success promoting the development of these three services and making them available to enrollees? Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting the development of and implementing psychiatric rehabilitation services, mental health self-help and peer support groups, and peer education services? 	<p><u>described what had done in AZ - outcomes of even this would have been helpful</u></p> <p><u>develop curriculum & train trainer model</u></p> <p><u>did use s abuse example</u></p> <p><u>P. 90</u></p>

Bidder Name: Cenpatico

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.13.e)</p> <p>1. Did the bidder describe its experience with contracts that include SAPT Block Grant funding?</p> <p>2. Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa? the present in experience not relevant to Iowa</p> <p>3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to contract with provides for services funded by an SAPT Block Grant?</p>	<p>AZ - allocate high risk funds to select providers</p> <p>Each provider gets SAPT Fund for services - train</p> <p>total recovery services</p> <p>monthly SAPT meetings p. 91</p> <p>Hispanic Council evidence based practice</p>
<p>7A.2.13.f)</p> <p>1. Did the bidder describe its experience contracting with networks of comparable or greater size than those of the Iowa Plan within the timeframe afforded by this procurement?</p> <p>2. Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa?</p>	<p>didn't describe experience at all</p> <p>did say accustomed to doing in 6 months so no issues with 8 months</p>
<p>3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to timely network contracting?</p>	

#4

Bidder Name: Cenpetico

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one):
7A.2.14.a)	Meets With Distinction <input type="radio"/> Meets <input checked="" type="radio"/> Partially Meets <input type="radio"/> Fails to Meet <input type="radio"/>
<p>1. Did the bidder describe how it would actively manage quality of care provided by network providers of all covered service, including the Bidder's proposed methodology for conducting provider profiling and utilizing the profiles to generate quality improvement?</p> <p>2. Does the content of provider profile reports for providers of child inpatient mental health services, providers of adult outpatient mental health services, and providers of Level II substance abuse services, appear to adequately capture the critical elements of the performance of each of those providers?</p> <p>3. Do the reports contain indicators for performance which address clinical quality, access, utilization management, linkage with primary care physicians, and enrollee satisfaction, at a minimum?</p> <p>4. Are the sample report content descriptions missing any major areas of provider performance one would expect to see in the report?</p> <p>5. Is the timing of report distribution proposed by the bidder frequent enough to ensure that all provider and service types will be profiled and will receive reports at least quarterly?</p> <p>6. Did the bidder describe explicitly how the bidder would interact with each provider following the distribution of each profile report?</p> <p>7. Does the bidder's proposed approach for generating and facilitating improvement in the performance of each profiled provider seem like it will be effective?</p> <p>8. Does the bidder's proposed approach include interactive communication between bidder staff and providers in which feedback is shared?</p> <p>9. Did the bidder indicate how it would periodically assess provider progress on its implementation of strategies to attain improvement goals?</p> <p>10. Did the bidder adequately describe its process for identifying areas of improvement with providers and setting improvement goals for priority areas in which provider performance falls below acceptable or benchmark levels?</p>	<p>Network management plan is foundation for recovery of system profile-audit-monitor-train website train feedback form focus on Recovery Clinical fact sheet p 93</p> <p>Not sure profile all providers p 94 Need more indicator for JPPH- pregnant- iv</p> <p>Will do random quarterly audits for quality care p. 96</p> <p>Conduct</p> <p>Share service incentives with providers. p 98 Penalties Reward by becoming preferred providers.</p> <p>#15 - Work #1 - S</p>

Bidder Name: _____

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.14.a) (continued)</p> <p>11. Did the bidder describe a process of frequent reassessment of provider performance on improvement goals, including face-to-face meetings with appropriately qualified bidder staff? Does it appear appropriate and likely to be effective?</p> <p>12. Did the bidder provide examples for how provider profiling has been utilized to improve service delivery? Does the approach appear to have resulted in measurable quality improvement?</p> <p>13. Did the bidder describe how it intended to reward providers that demonstrate continued excellence or dramatic improvement in performance over time and how the bidder would share "best practice" methods or programs with providers of similar programs in its network?</p> <p>14. Did the bidder describe how it intended to penalize providers that demonstrate continued unacceptable performance or performance that does not improve over time?</p> <p>15. Does the proposed use of rewards and penalties appear appropriate and meaningful for network providers?</p>	<p>Phone & Face to Face</p> <p>- no examples here but in B</p>
<p>16. Are the proposed methods for sharing best practices likely to support replication by other network providers?</p> <p>Q. 93 yes</p>	<p>Clinical Fact Sheet - web training</p> <p>Clinical Record Feedback sheet</p>

previous pass

Bidder Name: Cenpartico

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.14.b)</p> <p>1. Did the bidder provide a description of how network management activities performed for other state clients that are comparable to those described in Section 5C.5? →</p> <p>2. Did the description convincingly convey that the bidder has effectively operated comparable network management activities for state clients? —</p>	<p>AZ + GA profile & audits <u>uses metrics too</u> manual out 30 days before page 99 outcomes for GA None for AZ</p>
<p>7A.2.14.c)</p> <p>1. Did the bidder provide copies of provider profiles employed for two clients? <u>Meets</u> 101 Ohio & Indiana</p> <p>2. Do the profiles demonstrate the bidder's experience and capacity to generate the type of provider profiles required by this RFP?</p> <p>3. Did the bidder describe measurable performance improvement that resulted from the provider profiles?</p> <p>4. Is the bidder's demonstration of improvement resulting from the use of provider profiles credible and significant?</p>	<p>Shwed outcomes on efficiency by meeting levels p101 Ohio Indiana = put in pref. provider Status - save admin time</p>
<p>7A.2.14.d)</p> <p>1. The bidder describe how it would assure the accuracy of SMART data submitted by the providers of substance abuse services comprehensive? <u>meets with d</u></p> <p>2. Is the proposed plan appropriate and likely to be effective?</p>	<p>Contract requirement Monthly trainings compare claims data & against CAP plan Admin penal</p>

Bidder Name: _____

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>7A.2.15.a)</p> <p>Q105</p> <ol style="list-style-type: none"> Did the bidder describe experience in using data-driven evaluation of organization-wide initiatives to improve the health status of covered populations? Does the bidder possess meaningful, successful experience in using data-driven evaluation of organization-wide initiatives to improve the health status of populations? Did the bidder provide quantified, statistically significant evidence of improved: <ul style="list-style-type: none"> mental health quality – process measures – access substance abuse quality – process measures – co-occur – meth. mental health quality – functional or clinical outcome measures – follow-up substance abuse quality – functional or clinical outcome measures – SPT mental health quality – consumer-reported outcome measures – block grant substance abuse quality – consumer-reported outcome measures – adult, youth, family Did the bidder's references confirm the bidder's effectiveness generating statistically significant improvement in population health status? Participant interview - just started 	<p>3 - bullet 1 actually call providers for routine & urgent appt. have c. action & penalty. showed pre & post.</p> <p>3 bullet 2 - look at peer services - no outcome but too early</p> <p>3 bullet 3 - pre & post - children get an incentive to attend appt</p> <p>3 bullet 4 - use block grant info - NO pre or post - can't get at clinical - p.t. tx</p> <p>3 bullet 5 - adult youth & family pre & post. cool example too early for pre & post</p>
<p>7A.2.15.b)</p> <p>Q110</p> <p>Meets</p> <ol style="list-style-type: none"> Did the bidder describe its experience implementing instruments in publicly funded managed care programs that assess changes in functional status and/or recovery? Did the bidder's description specify tools, populations, sample sizes, findings, and how the bidder acted upon it findings? Does the bidder's demonstrated experience indicate its capacity to implement such instruments in Iowa, and to make good use of the findings? 	<p>have used adult, child & youth survey pre & post outcomes. stated what did when results declined.</p> <p>Use of MHSIP will allow compare across other states.</p> <p>Survey look at cultural aspects described SA survey but</p> <p>not sure if they've used it</p> <p>P.11</p>

Bidder Name: _____

<p>7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>7A.2.15.c) <u>P111</u></p> <p>1. Does the bidder describe an array of different methods by which consumers <u>and</u> family members would be proactively engaged by the bidder in the Quality Assessment and Performance Improvement program? Possible techniques that the bidder might have cited include:</p> <ul style="list-style-type: none"> • adding consumers and family members to bidder-sponsored quality improvement teams; • using advisory groups or focus groups to advise the identification and design of possible improvement projects, and • using surveys to elicit consumer and family members suggestions and/or feedback. <p>2. Does it appear that consumers and family members would have a substantive role bidder in the Quality Assessment and Performance Improvement program based on the bidder's response?</p>	<p>Recovery Advisory Committee input into at least 8 dPP areas Other avenues (grievance, Consumer Survey - Focus group - Com Forum) P-112 Focus groups quarterly - open Forums for any discussion issue both consumer & family</p>
<p>7A.2.15.d) <u>P112</u></p> <p>1. Did the bidder describe how it would use pharmacy data to improve quality including to:</p> <ul style="list-style-type: none"> • identify utilization that deviates from clinical practice guidelines for schizophrenia and major depression, and • identify those Enrollees whose utilization of controlled substances warrants intervention either because of multiple prescribers, excessive quantities or prescribing that is inconsistent with the clinical profile of the Enrollee. <p>2. Does the bidder's description demonstrate a good understanding of the use of pharmacy data for quality improvement and seem likely to be effective?</p>	<p>developed own system - use in Texas prev post data outcomes p113 Can modify to get what Iowa needs</p>

Bidder Name: Cenpatico

<p>✓ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>7A.2.15.e) P113</p> <ol style="list-style-type: none"> Did the bidder describe its identification of the greatest opportunities for quality improvement in public managed behavioral health programs like the Iowa Plan? Does the bidder's description of the greatest opportunities for quality improvement indicate a profound understanding of public sector behavioral health programs? Are the opportunities consistent with what the Evaluator might identify as high priority opportunities? Are the quality improvement approaches described likely to result in improved function and well being for enrollees? <i>train - monitor - add data analysis & feedback</i> Did the bidder describe approaches to realize two such opportunities in Iowa? Are the proposed approaches appropriate and likely to be effective? 	<p>recovery oriented system <u>priority</u> Physical - mental - SA integration CSP two for each Region Only at focus on 1 priority population - Health passport capture entire client picture - offered only</p>
<p>7A.2.15.f) <u>meets</u></p> <ol style="list-style-type: none"> Did the bidder describe experience adapting policy or procedures based on input from publicly funded consumers and advocacy groups? Did the bidder convincingly document that these efforts have had a measurable beneficial impact on its members? Do the bidder's references confirm that the bidder has used consumer and advocate input to shape policy and procedure and that this work has had a measurable impact on members? 	<p>AZ listed 4 changes - including MH & Drug Court - outcome rec. cultural diversity & address more comm mgs. didn't really talk about impact on members</p>

*employ consumers p114
& lists what they will address*

Bidder Name: Cengetico

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>1</u> Meets Partially Meets Fails to Meet</p>
<p>7A.2.15.g) <u>P 116</u></p> <p>1. Did the bidder describe the process by which the Bidder would conduct retrospective monitoring of all substance abuse service providers in accordance with Section 5.D.1.2?</p> <p>2. Does the description include:</p> <ul style="list-style-type: none"> The source of the evaluation tool with which the bidder would assess the appropriateness of clinical services delivered? What actions the bidder would propose to take with a provider who it has determined does not deliver services or follow contract guidelines appropriately, both in the event of an initial finding and of a repeated finding? <p>3. Does the proposed process appear appropriate and likely to be effective?</p>	<p><u>include recovery in review</u> <u>reco reviews are shared</u> <u>widely p. 116?</u> <u>educate, train & corrective action</u> <u>fidelity audits on recovery &</u> <u>Resiliency</u> <u>Non compliance - letter - persists / contact</u> <u>rev. work plan twice month - up to</u> <u>termination of contract</u></p>
<p>7A.2.15.g)</p> <p>1. Did the bidder provide a copy of a 2008 QA plan that the bidder developed for a publicly funded client? <u>Attachment</u></p>	<p><u>AZ -</u> <u>example, include family support & peer</u> <u>p. 7</u></p>
<p>2. Does the QA plan depict a comprehensive, well-designed approach to quality assurance and performance improvement?</p>	<p><u>2 diff committees - meet monthly & quarterly</u></p>

Bidder Name: Cenpatico

7A.2.16 Prevention and Early Intervention (Section 4A.4.2 of the RFP) <i>p. 117</i>	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<ol style="list-style-type: none">1. Did the bidder describe the strategy that it will invoke in order to increase access to and utilization of prevention and early intervention services?2. Is the strategy appropriate and likely to be effective?3. Did the bidder describe its experience in implementing such strategies under other contracts?4. If so, do the other programs appear to be well conceived?5. Was the bidder able to demonstrate that the programs had measurably affected changes improvements in access to and utilization of prevention and early intervention services?6. Do the bidder's references confirm that the bidder has successfully implemented strategies to increase access to and utilization of prevention and early intervention services and that this work has had a measurable impact on members?	<p>USE SPR model prev comm coalitions & mapping Kids - meth prev - perinatal depression & over 6 USE CSP as clearing house Noted Meth 101 training for comm & schools Not sure Needed & is duplicative Sa & Suicide awareness over</p>

65 p. 118

*USE Area Agencies of Aging
after AZ*

*Ambassador Program got a CSAP Service to
Science Award*

Outcomes

Bidder Name: Cenpatico

7A.2.17 Management Information System (Section 6.4 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <input checked="" type="radio"/> Meets <input type="radio"/> Partially Meets <input type="radio"/> Fails to Meet <input type="radio"/>
<p>7A.2.17.a) p. 121</p> <ol style="list-style-type: none"> Did the bidder describe in detail the management information system the Bidder would implement for the Iowa Plan? Did the description emphasize the way in which the MIS system would function to gather required data and produce required reports as well as providing detail on hardware capabilities? Does the bidder's response address all of the other requirements of Section 6.4 of the RFP? 	<p>Health passport support consumer driven recovery oriented approach P122 300 IT staff solely focus on public programs outlined in a clear table p123 complete H history on line Eligible P. 126</p>
<p>7A.2.17.b) <u>Meets</u></p> <ol style="list-style-type: none"> Did the bidder describe adaptations to its MIS which would be made to allow reimbursement for covered, required and optional services provided even if the Enrollee's Medicaid eligibility and Iowa Plan enrollment effective date were determined subsequent to the Eligible Person's month of application? Do the bidder's proposed adaptations to its MIS to allow reimbursement for covered, required and optional services provided to enrollees whose eligibility and Iowa Plan enrollment effective dates were determined subsequent to their month of application appear appropriate and likely to be effective? 	<p>Eligibles can upload documents to Help Desk Support - 5 days week End users can dev. Reports to p. 67 provider can get EFT payment New enhanced provider system give more detail</p>
<p>7A.2.17.c) <u>Meets</u></p> <ol style="list-style-type: none"> Did the bidder describe an adequate process to ensure appropriate allocation of reimbursement when: <ol style="list-style-type: none"> services are being provided to a person who was a Medicaid enrollee and whose Medicaid eligibility terminated and the person then, during the same treatment episode, became a IDPH participant/ services are being provided to a person who was a IDPH participant receiving services and, during the same treatment episode, became a Medicaid enrollee/ Do the references provided by the bidder confirm that the bidder has been able to provide a management information system that meets the business needs of other publicly funded programs that are comparable to the Iowa Plan? 	<p>OK p. 135 C-IDPH Medicaid Separate division within computer - duplicate enrollment System verifies</p>

Bidder Name: Cenpatico

7A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.18.a)</p> <p>1. Did the bidder disclose the financial instruments the bidder would use to meet the requirements of all funds and accounts required in Section 6.6 of the RFP? The requirements are that the Contractor must establish prior to the payment of the first capitation payment and maintain at all times, three accounts or funds as follows:</p> <ol style="list-style-type: none"> 1) an Insolvency Protection Account, that must contain at all times, an amount equal to two (2) months of the anticipated annual Medicaid capitation amount; 2) a Surplus Fund, in an amount equal to one and a half times the Contractor's average monthly Medicaid capitation payment; and 3) Working Capital in the form of cash or equivalent liquid assets equal to at least three months' operating expenses. <p>2. Did the bidder disclose the source of the capital required? - <u>unrestricted cash reserves from Cenpatico or parent</u></p> <p>3. Do the bidder's proposed instruments meet the requirements of Section 6.6 of the RFP and appear to be appropriate and adequate instruments?</p> <p>4. Does the bidder's source of capital appear to be sufficient and stable?</p>	<p><u>Account Verification</u> submit 30 days following quarter - <u>Required</u></p> <p><u>competitive bid for banks</u></p> <p><u>doesn't state line 273 - (RFP)</u></p> <p>these are same accounts hard to tell if amount is correct - <u>ok accord to RFP</u></p> <p>does say surplus fund of 150% but then + 83.590 cap payment</p> <p><u>Not sure claims fund interest to be paid to DHS didn't appear to be stated.</u></p>

Bidder Name: Cenpatico

7A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>P137</p> <p>Attachment can Fin.</p> <p>7A.2.18.b)</p> <ol style="list-style-type: none">1. Dis the bidder demonstrate that its organization is financially sound?2. Do the bidder's financial statements and those of any corporate parent support its claims?3. If the bidder is not financially sound, has it taken corrective measures to address and resolve any identified financial problems? Are these measures likely to be successful?4. Does the bidder attach the most recent two years of independently certified audited financial statements of the bidder's organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable?5. Did the bidder provide its most recent three (3) years of independently certified audited financial statements of its organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable?6. Do the audited statements reveal any financial problems, legal liabilities, or relevant corporate relationships that the bidder has not mentioned or that raise concern regarding financial stability, legal liability or corporate interests?	<p>Cenpatico not req. cash infusion from parent</p> <p>parent company guarantee</p> <p>Cenpatico no indep fin statements, but parent co stuff in</p> <p>didn't see where they had lost any contracts in last 2 yrs.</p>
<p>7A.2.18.c)</p> <p>P137 (Meets)</p> <ol style="list-style-type: none">1. Did the bidder discuss what impact the recent declines in the stock market have had on the Bidder's financial stability, how the Bidder has responded, and any implications for the Bidder's ability to meet the requirements of this RFP?2. Did the bidder demonstrate that recent stock market declines have not put in jeopardy the bidder's ability to meet the requirements of the RFP, including the maintenance of necessary liquidity?	<p>stated minimal losses less than 190</p> <p>diversified portfolio</p>

Bidder Name: Cenpatico

7A.2.19 Claims Payment by the Contractor (Section 6.7 of the RFP) <u>12 months to submit electron</u>	Sub-Section Score (circle one): Meets With Distinction <u>0</u> Meets Partially Meets Fails to Meet
7A.2.19.a) <u>8139</u> 1. Did the bidder describe the process it would implement to ensure compliance with the required time frames for claims processing? 2. Is the process consistent with the requirements set forth in Section 6.7 of the RFP? 3. Does the process the bidder would implement to ensure the bidder's compliance with the required time frames for claims processing appear appropriate and likely to be effective?	<u>3 layers quality control & testing</u> <u>oldest claims 1st in queue</u> <u>daily monitor by supervisor</u> <u>internal claims dept also reviews</u> <u>sample</u> <u>support service - monthly rev</u> <u>nothing on JDPH Funds line 2815</u>
7A.2.19.b) <u>8141</u> <u>meets</u> 1. Did the bidder describe its experience implementing contracts in which the claims payment process supported the accurate and timely payment of claims as of the first day of operations? 2. Do the references provided by the bidder confirm that the bidder has been able to successfully implement accurate and timely payment of claims as of the first day of comparable contracts?	<u>monitors 100% of claims for new</u> <u>market</u> <u>clearly showed what they did to</u> <u>improve</u> <u>exceed in Texas - showed numbers</u> <u>acknowledged issues - why & how</u> <u>fix p. 142</u>

~~didn't see 12 months to submit~~
~~3 layer been in place for 1 yr - showed progress~~
~~electronic claims within 5 days~~
~~current average 91.290 processed with 12 days~~
~~electronic own portal & clear houses RFP says 85%~~
~~built in staffing or weather problem to help~~
~~9090 within 30 days - meets~~
~~9990 clean claim with 60 days - not in RFP~~
~~don't see 10090 within 90~~
~~does AMISYS utilize CMS Northern 2790~~
~~didn't see track~~
~~of electronic claim line~~
~~272/~~
3rd liability
went from
10.1 to 7.8
from 88.9 to
96.390
p. 140
p. 139-140
31

Bidder Name: Cenpatco

7A.2.20 Fraud and Abuse (Section 6.8 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.20.a)</p> <ol style="list-style-type: none">1. Did the bidder describe how it will comply with the Departments' Fraud and Abuse requirements?2. Did the bidder provide examples of how its internal controls successfully work to prevent Fraud and Abuse?3. Did the description completely address the requirements as defined within Section 6.8?4. Is the bidder's proposed approach appropriate and likely to be effective?	

Plan include education/training, hot line,
investigation, prevention

Bidder Name: _____

7A.3 Corporate Organization and Experience --- 15%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 15 pages.

Does it exceed? Y/N?

SEP. div.

7A.3 Corporate Organization and Experience (Section 6.8 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.3.a)</p> <p>1. Did the bidder provide the following information on all current publicly funded managed behavioral health care contracts?</p> <ul style="list-style-type: none">i. contract size: average monthly covered lives and annual revenues;ii. contract start date and duration;iii. general description of covered population and services (e.g., Medicaid AFDC + SSI, state-only population, mental health, substance abuse, state hospital, etc.);iv. the company or agency name and address, andv. a contact person and telephone number? <p>2. Does the information indicate that the bidder has experience with contracts that are comparable in size and scope to the Iowa Plan?</p>	<p>18 diff contracts listed in 12 states of those only 2 not present</p>
<p>3. Did the bidder include letters of support or endorsement from any individual, organization, agency, interest group or other entity despite the prohibition in the RFP from doing so?</p> <p><u>NO</u></p>	

Bidder Name: Cenatico

7A.3.1 Organizational Information 11 pgs	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
7A.3.1.a) 1. Does the bidder provide all of the following (as required by the RFP)? <ul style="list-style-type: none"> • lists and organizational charts showing any and all owners, voting and non-voting members of the Board of Directors, officers and executive management staff, including CEO, COO, CFO, Medical Director, UM Director, QM Director and MIS Director or equivalent functional personnel? • the curriculum vitae for the aforementioned executive management staff? - • if the bidder is a wholly or partly owned subsidiary or partnership, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its parent(s) and any other related organizations? - • an organizational chart depicting the bidder in relation to the corporations to which it is a subsidiary or partner? - • if the bidder has subsidiaries, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its subsidiaries? • an organizational chart depicting any subsidiaries in relation to the bidder? 	<p>information there</p>
2. Are any key positions vacant? - 3. Do senior officers appear to be appropriately qualified? - 4. Are there any apparent corporate relationships that would introduce a conflict of interest if the bidder were awarded the contract? - 5. If the bidder is a subsidiary or partnership, are the parent corporations or partners engaged in business activities that are complimentary to, and likely to provide long term support to, the bidder? - 6. If the organization is a partnership, is the line of authority clearly delineated?	

Bidder Name: _____

7A.3.2 Disclosure of Financial or Related Party Interest	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
7A.3.2.a) 1. Does the bidder disclose any legal, financial, contractual or related party interests which the bidder(s) shares with any provider or group of providers, or provide a statement of no financial or related party interest?	NONE
7A.3.2.b) 1. Does the bidder (and if the bid involves a partnership or another type of joint venture, any of the bidders) share a financial or related party interest in any provider or group of providers, does the bidder set forth a mechanism by which it proposes to prevent any preferential treatment to those entities with which it shares a financial or related party interest? 2. If the response to #1, above, is affirmative, does this mechanism effectively prevent preferential treatment to those provider entities in which it shares a financial or related party interest? 3. Is it likely that the bidder's mechanism will prevent the following situations which might indicate an attempt to ensure financial gain (from RFP Section 5C.3):	Meets NONE
<ul style="list-style-type: none"> • a change of the distribution of referrals or reimbursement among providers within a level of care? • referral by the Contractor to only those providers with whom the Contractor shares an organizational relationship? • preferential financial arrangements by the Contractor with those providers with whom the Contractor shares an organizational relationship? • different requirements for credentialing, privileging, profiling or other network management strategies for those providers with whom the Contractor shares an organizational relationship? • distribution of community reimbursement moneys in a way which gives preference to providers with whom the Contractor shares an organizational relationship? • substantiated complaints by enrollees of limitations on their access to participating providers of their choice within an approved level of care? 	

Bidder Name: Cenpetco

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.3.3.a) <u>P. 157</u></p> <p>1. As far as the evaluator is aware, did the bidder disclose all relevant information in response to the following RFP questions and requirements or make a statement that there is no applicable information (as required by the RFP)?</p> <ul style="list-style-type: none"> During the last five years, has the bidder or any subcontractor identified in this proposal had a contract for services terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the initial contract provisions? If so, provide full details related to the termination. During the last five years, has the bidder been subject to default or received notice of default or failure to perform on a contract? If so, provide full details related to the default including the other party's name, address, and telephone number. During the last five years, describe any damages, penalties, disincentives assessed or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by the RFP and the resulting Contract. Indicate the reason for and the estimated cost of that incident to the bidder. During the last five years, list and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters that could affect the ability of the Bidder to perform the services contemplated in this RFP. During the last five years, have any irregularities been discovered in any of the accounts maintained by the Bidder on behalf of others? If so, describe the circumstances of irregularities or variances and disposition of resolving the irregularities or variances. The bidder shall also state whether it or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services contemplated in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony. 	<p>non terminated NO default</p> <p>9 Notice to cure or just work 3 Fines direct to them 2 Fines pass to provider</p>

Bidder Name: Cenpatiro

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.3.3.a) (continued)</p> <p>2. If the bidder disclosed that it, or one of its subcontractors, had defaulted on a contract or had a contract terminated for cause, and the project contact person was contacted, what was the explanation given for the problem and does it raise concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>3. If the bidder disclosed that, during the previous five years, legal action was taken against the bidder or if any legal actions are pending, does the explanation and status update provided by the bidder alleviate any concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>4. If the bidder's current corporate configuration is related to mergers, did the bidder provide the requisite responses to the questions above for all components of the merged entities (as required)?</p>	<p>No Defect</p>

Bidder Name: Cenpatio

7A.4 Project Organization and Staffing - 15%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 10 pages.

Does it exceed? Y/N? 8 pages

7A.4.1 Organizational Chart	Sub-Section Score (circle one):
	Meets With Distinction Meets Partially Meets Fails to Meet
<p>1. Did the bidder provide an organizational chart that demonstrates:</p> <ul style="list-style-type: none">a) the bidder's corporate structure?b) the reporting relationship which staff assigned to the Iowa Plan would have with other parts of the bidder's corporate structure? <p>2. Does the proposed reporting relationship between staff assigned to the Iowa Plan and other parts of the bidder's corporate structure appear appropriate and likely to be effective? Does it appear that the Iowa Plan-assigned staff will receive sufficient corporate attention and support?</p>	

Bidder Name: Cenpatico

16
23
43

7A.4.2 Chart or Other Presentation	Sub-Section Score (circle one):
	Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <ul style="list-style-type: none"> a) every position which would be working on the Iowa Plan? b) the name and qualifications of the proposed Iowa-based individual who would have management responsibility for Iowa Plan operations? c) the reporting relationships between those positions? d) the credentials required of individuals to be hired for each clinical and management position? e) the office locations of each individual? <p>2. Do the types and numbers of staff to be assigned to the Iowa Plan appear to be sufficient in number and have the appropriate credentials?</p> <p>3. Are adequate resources dedicated to serving DPH Participants?</p> <p>4. Is the staffing distributed appropriately given the allowable distribution of administrative costs to each funding stream (i.e., Medicaid 13.5% or less; DPH, 3.5% or less)?</p> <p>5. Are the UM, QA, claims and systems senior management positions appropriately qualified and reporting at an appropriately senior level of the organization?</p>	<p>Recovery Advisory position grant writer</p> <p>93- Ia based - some PSM only - (730 clinical & management)</p> <p>7 Texas</p> <p>Did good job in requiring knowledge & resiliency principals also require knowledge in evidence b p</p>

ED - BA degree

Quality A - 2yrs in cultural competency in Iowa

experience either DR MH & SA
with both SA & MH comm Resources

Bidder Name: Cenpatid

7A.4.3 Chart or Other Presentation	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <ul style="list-style-type: none">a) the subcontractors (excluding network providers) who would be working on the Iowa Plan?b) the responsibilities of those subcontractors?c) special skills of those subcontractors?d) the location of the office of each subcontractor from which they will provide their subcontracted services? <p>2. If there is more than one subcontractor, does the number of subcontractors appear to be too large or to potentially hinder the bidder's successful operation of the program?</p> <p>3. Did the bidder propose to subcontract any functions that the evaluator believes are integral to successful program operation and should not be subcontracted?</p>	<p>2 listed.</p>

~~Crisis Center based in AZ?~~

Bidder Name: Cengatiro

7A.4.4 Financial Information	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>1. Did the Bidder provide the following information:</p> <ul style="list-style-type: none">audited financial statements from independent auditors for the last three years. If the bidders did not have financial statements, did it provide a detailed explanation of why they are not available and provide alternatives that were acceptable to the Departments? 06-07-08 Financial Statementsa minimum of three written financial references including contract information? <u>4</u> <p>2. Do the financial statements or alternative financial information demonstrate that the bidder has the financial wherewithal to serve as a stable partner to the state?</p> <p>3. Do the financial statements or alternative financial information raise any concerns about the bidder's qualifications to serve as the Iowa Plan contractor?</p> <p>4. Do the references provided by the bidder confirm that the bidder has conducted its financial business in an appropriate manner and is qualified, based on its financial practices and financial status alone, to serve as the Iowa Plan contractor?</p>	<p>Not required as public traded entity indep. Audited Statements</p> <p>— yes</p> <p>— NO</p> <p>—</p>

Bidder Name: Cenatico

7A.5 Budget Worksheet and Narrative - 10% This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 3 pages. Does it exceed? Y/N? N 3 pages

7A.5 Budget Worksheet and Narrative	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Does the bidder propose that the percentage of the Medicaid capitation payment allocated to the Medicaid Administrative Fund will be less than the RFP-specified maximum of 13.5%?	13.590			
2. Does the bidder propose that the percentage of the IDPH payment allocated to the IDPH Administrative Fund will be less than the RFP-specified maximum of 3.5%?	3.590			
3. Does the bidder propose using the Community Reinvestment Account fund on: <ul style="list-style-type: none">• services that would benefit eligible persons?• services that the bidder has identified in response to 7A.2.6.b), 7A.2.13.b), or other questions within Section 7 of the RFP? (this question is to assess internal consistency within the bidder's response)	P. 170 Consistent recovery - certification for peer support reduce stigma			

transition CSP in 2nd yr to block payment
retain fee for service for non CSP's p. 169

Financial impact providers deliver must appropriate
service for consumer stage of recovery
decrease higher level of care cost 190-390

NO Recovery Under
Medicaid funders
is under mtl

Bidder Name: Cenpatico

7A.6 Required Certifications	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Does the bidder include all the required certifications? (Y/N)</p> <ul style="list-style-type: none">• RFP Certifications and Mandatory Guarantee• Release of Information• Mandatory Requirements and Reasons for Disqualification	<p><u>yes</u></p>			